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OUTS POR ING FIREFIGHTING EQUIP Jun. 08 2007 12:28PM P1 FAX NO. : 631 6657027 PART B - FEE(S) TRANSMITTAL amplete and seed this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FRB and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. LIN CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 06/04/2007 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (371) 273-2887, on the date indicated below RALPH CORSINI 5 MACKAY RD. BAY SHORE, NY 11706 CORS (Signaturo (Date) 07 FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE Ralph Corsini 4212 10/684.613 10/14/2003 TITLE OF INVENTION: INTEGRATED FACEMASK FIREFIGHTING HOOD PACKING SYSTEM PUBLICATION FEE DUE PREV. PAID ISSUE FEE APPLN, TYPI\$ SMALI, KNTITY 488115 FEB 13118 TOTAL FEE(S) DUE DATE DUE \$0 \$700 \$700 09/04/2007 YES nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS WELCH, GARY L 3765 002-424000 E. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered putent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) BAY SHORE , NEW YORK OUTSTANDING FIREFIGHTING EQUIPMENT INC. Blease check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔀 Corporation or other private group entity 🚨 Government, 4a. The following fee(s) are submitted; REGIOUSLY PAID
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